

State of Minnesota

County _____

District Court

Judicial District: _____

Court File Number: _____

Case Type: _____

Name Change

In the Matter of the Application of:

First Middle Last

On Behalf of (current name of minor(s)):

First Middle Last_____
First Middle Last**Application for Name Change
of a Minor****(Minn. Stat. § 259.10)**

For a change of name to (new name of minor(s)):

First Middle Last_____
First Middle LastSTATE OF MINNESOTA)
) SS
COUNTY OF _____)

The undersigned applicant states that:

1. This application is made in good faith, without intent to defraud or mislead.
2. The minor child(ren) whose name(s) are sought to be changed on this application have lived in the State of Minnesota for at least six months immediately prior to the date of this application, and now live at:

No. Street_____
City/Town State Zip County

3. I am/we are the: (check one) ☐ parent(s) ☐ legal guardian ☐ next of kin (specify): _____ of the minor child(ren).

4. The current name(s) of minor child(ren) and date(s) of birth: _____

5. The name of the non-applicant parent(s): _____
☐ The non-applicant parent is not known and his/her/their name(s) is/are not shown on the birth certificate.

6. The address of the non-applicant parent(s) is/are: _____
No. Street
City/Town State Zip County

7. Applicant requests to have the name(s) of the minor child(ren) changed to:

8. The criminal history of the following parties included in this application is:

The following parties included in this application have been convicted of a felony: _____

List name, date of offense, and state. If no criminal history, write "No criminal history." If no felony convictions, write "No felony convictions."

9. Legal description of lands in the State of Minnesota upon which the minor child(ren) has/have a claim, interest, or lien: (Provide the legal description and attach additional pages if necessary)

10. Other: _____

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

Applicant's Signature _____

Address _____

City State Zip

()

Telephone Number _____

E-mail address _____

Co-Applicant's Signature (Spouse) _____

Minor Signature (14 years or older) _____

Minor Signature (14 years or older) _____